

State of Washington

2014-3156

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/21/2014
NAME OF PROVIDER OR SUPPLIER  CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
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L 000	<p><b>INITIAL COMMENTS</b></p> <p>This State psychiatric hospital complaint investigation survey was conducted on April 21, 2014 by Lori Daisley, MBA, RN, FACHE in response to case #/complaint # 2014-3156/47716.</p> <p>Three deficiencies related to WAC 246-322 were found.</p> <p>Shell #: O1AR11</p>	L 000	<p><b>PLAN OF CORRECTION:</b> You have 10 calendar days from receipt of this document to send your Plan of Correction. The due date is May 28, 2014. An acceptable Plan of Correction must include the following: -HOW the deficiency will be or was corrected - WHO is responsible for the correction - WHAT monitors will be put in place to assure continuing compliance - WHEN each deficiency will be corrected. Insert anticipated date of correction in far right column under "Complete Date." Correction cannot take longer than 60 days without investigator approval. The administrator or representative's signature and signing date are required on the first (original) page and initials in the lower right hand corner on all other pages. Please return the original investigative survey report and plan of correction to: Lori Daisley, MBA, RN, WA State Department of Health, Office of Investigations and Inspections, PO Box 47874, Olympia, WA 98504-7874.</p>	
L 315	<p><b>322-035.1C POLICIES-TREATMENT</b></p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (c) Providing or arranging for the care and treatment of patients; This Washington Administrative Code is not met as evidenced by: Based on interview, record review and review of</p>	L 315		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

06/02/14

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State of Washington

PRINTED: 01/22/2019  
FORM APPROVED

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L 315	<p>Continued From page 1</p> <p>hospital documents including policies and procedures, it was determined that the hospital did not have policies and procedures related to discharge planning, documentation requirements for nursing interventions or psychiatric patient specific skin care.</p> <p>Findings include:</p> <p>On April 21, 2014, the investigator interviewed one registered nurse (RN #1) and three discharge planners/social workers (SW #1,2, &amp; 3) on the discharge process. Prior to hospitalization, Patient #1 was treated by the VA system. The discharge planners indicated VA has a unique process for their patients, in which only the VA can arrange home health services. The hospital had no formal process documented and no follow-up procedure to assure the patient received services planned on by the VA.</p> <p>On interview with the discharge planners, they could not state that there was a formal policy on the discharge process. The Social Work/Discharge Planning manager produced the policy and stated the facility was in the process of total implementation of the policy but only partially compliant at this time.</p> <p>Patient #1 and patient #5 were admitted with skin issues from acute care hospitals. The facility's policy on Pressure Ulcer Risk Assessment &amp; Prevention indicated interventions to be put in place for patients assessed with a Braden Scale less than 18. A Braden score less than 18 is indicative of the potential risk of skin breakdown. The two records did not indicate the policy was followed in regards to implementing interventions associated with the patient's skin assessment. The policy also included interventions not</p>	L 315		

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L 315	<p>Continued From page 2</p> <p>appropriate for use by the psychiatric patient population including the use of an over bed trapeze which may provide a mechanism for a patient to hang him/herself.</p> <p>The physician ordered the foley catheter for Patient #1 to be discontinued on 4/2/14. The nursing notes did not reflect when the catheter was removed. On interview with RN #1, s/he referred to a Bladder Scan Protocol. During an interview, the Chief Nursing Officer stated that no protocol exists for Cascade Behavioral Hospital and explained that protocol referred to by RN #1 was in place prior to the change in facility ownership.</p>	L 315		
L1080	<p>322-170.2H DISCHARGE PLAN</p> <p>WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (h) A discharge plan including a review of the patient's hospitalization, condition upon discharge, and recommendations for follow-up and continuing care; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interviews, review of medical records and review of hospital documents, including policies and procedures, it was determined that the hospital failed to provide a timely, complete, multidisciplinary evaluation of the patient needs for safe discharge planning. The clinical needs post-discharge are not clearly identified by the nurse and/or physician during the discharge</p>	L1080		

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L1080	<p>Continued From page 3</p> <p>planning process. Failure to assess the patient's needs prior to discharge may result in an unsafe discharge.</p> <p><i>Findings include:</i></p> <p>The investigator reviewed eight patient records on April 21, 2014. All eight patients had been transferred to a tertiary facility on discharge.</p> <p>Two of the eight medical records reviewed documented skin issues during the inpatient stay as described below. The inpatient skin assessment and interventions are not documented on either of the two patient's discharge instructions.</p> <p>Patient #1 was admitted to Cascade Behavioral Hospital on 3/17/14 from an acute care hospital. The transfer documents from the acute care facility included a description of current skin issues. The acute care hospital identified abrasions and bruising on the patient's forearms. Patient #1 had an inpatient stay at Cascade of 18 days. This patient required continuation of medical treatment after discharge to the adult family home setting on 4/4/14. The discharge information on the skin condition was limited to the left heel location and one elbow location however the nursing documentation during the inpatient stay included a right foot lesion starting on 3/26/14 and continuing until the day of discharge. The discharge instructions contained no treatment or current interventions on the skin issues as described above.</p> <p>Patient #5 was admitted from an acute care hospital on 4/1/14. The transfer information from the acute care facility indicated abrasions and blisters on the patient's forearms. The skin</p>	L1080		

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L1080	<p>Continued From page 4</p> <p>issues were documented during the inpatient stay by the nursing staff. The patient was discharged to a skilled nursing facility on 4/14/14. The discharge instructions on "skin conditions" were left blank.</p> <p>Two of the eight patients experienced bladder conditions requiring intervention during their hospitalization. Patient #1 required a foley (urinary) catheter during the hospitalization. On 4/2/14, the physician ordered the catheter to be removed. A bladder scan was performed on 4/2/14 with documentation of 275 ml of fluid. No urine output was documented prior to the patient's discharge on 4/4/14. Patient #1's discharge instructions did not include the bladder condition, treatment plan or current status.</p> <p>Patient #4 was admitted on 1/17/14 and discharged on 1/29/14. The patient was treated for chronic bladder issues during hospitalization and interventions were ordered and performed by the nursing staff. This condition and the necessary interventions were not included on the discharge instructions.</p> <p>Five of the eight medical records reviewed (patients #1, 3, 4, 6 and 8) had incomplete discharge instructions and transfer forms (areas left blank as in bladder control, dietary information, skin condition, etc.).</p> <p>On April 3, 2014, the nursing staff assessed Patient #8 as a moderate fall-risk secondary to the patient having a history of falls. Fall prevention was in place throughout the entire admission. This information was not included on the patient's discharge instructions.</p> <p>On April 21, 2014, the investigator interviewed</p>	L1080		

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L1080	<p><i>Continued From page 5</i></p> <p>one registered nurse (RN #1) and three discharge planners/social workers (SW #1,2, &amp; 3) on the discharge process. Prior to hospitalization, Patient #1 was treated by the VA system. The discharge planners indicated VA has a unique process for their patients, in which only the VA can arrange home health services. The hospital had no formal process documented and no follow-up procedure to assure the patient received services planned on by the VA.</p> <p>The discharge planners explained that they fax portions of the medical record to the receiving agencies and encourage an on-site assessment of the patient. The physician discharge summary is not available at time of discharge. The physician completes a patient transfer form. The nursing staff completes the discharge instructions. As stated above, five of the eight medical records reviewed contained incomplete patient transfer forms and discharge instructions. The respondent facility's discharge planners explained that these were the forms faxed to the agencies.</p> <p>There is a lack of communication among members of the health care team regarding the discharge needs of the patient's. There is a draft policy outlining the necessary requirements for an effective discharge process but compliance with the policy is not found in the medical record.</p> <p>On interview with the discharge planners, they could not state that there was a formal policy on the discharge process. The Social Work/Discharge Planning manager produced the policy and stated the facility was in the process of total implementation of the policy but only partially compliant at this time. Based on review of the draft policy and interviews with SW #1 and #2, it</p>	L1080		

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L1080	Continued From page 6  was determined there is a lack of information available during the discharge planning process regarding the clinical needs post discharge. The discharge instructions and transfer form are completed immediately prior to discharge and therefore are not always available to provide to the tertiary agencies.	L1080		